

ELECTION COMPLAINT FORM

Document Number	OFFICE USE ONLY	Date Hand-delivered or Date Postmarked / /
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Please read the Important Information at the end of this document. Caldwell County Election Office has no authority to order a new election, change an election result, or conduct a criminal investigation. A complaint filed with this form will not alter the results of an election.

This complaint form MUST BE SIGNED before it is submitted to the Elections Office; therefore, you must print it out and sign it before mailing or faxing a copy or emailing a scanned, signed copy.

I. IDENTITY OF COMPLAINANT

1 COMPLAINANT NAME	MS / MRS / MR	FIRST	MI	NICKNAME	LAST	SUFFIX
2 COMPLAINANT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE) CITY STATE ZIP CODE <small>(Full home or business address, including street, city, state, and zip code)</small>					
3 COMPLAINANT MAILING ADDRESS <input type="checkbox"/> (check if same as above)	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE) CITY STATE ZIP CODE <small>(Full home or business address, including street, city, state, and zip code)</small>					
4 COMPLAINANT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT	5 COMPLAINANT E-MAIL ADDRESS		

II. IDENTITY OF RESPONDENT

PERSON OR ENTITY COMMITTING ALLEGED VIOLATION(S)

6 RESPONDENT NAME	MS / MRS / MR	FIRST	MI	NICKNAME	LAST	SUFFIX
7 RESPONDENT POSITION OR TITLE						
8 RESPONDENT PHYSICAL ADDRESS	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE) CITY STATE ZIP CODE <small>(Full home or business address, including street, city, state, and zip code)</small>					
9 RESPONDENT MAILING ADDRESS <input type="checkbox"/> (check if same as above)	ADDRESS (TO INCLUDE APT / SUITE # IF APPLICABLE) CITY STATE ZIP CODE <small>(Full home or business address, including street, city, state, and zip code)</small>					
10 RESPONDENT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT	11 RESPONDENT E-MAIL ADDRESS <small>(IF KNOWN)</small>		

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III. NATURE OF ALLEGED VIOLATION

If you believe that a criminal violation of the Code has occurred, please state the specific acts committed by the person or entity named in this complaint, along with a reference to the section of the Code alleged to have been violated, if known. If you need more space, please attach a separate sheet.

ATTACH ADDITIONAL PAGES AS NEEDED

IV. STATEMENT OF FACTS

State the facts constituting the alleged violation(s), including the dates on which or the period of time in which the alleged violation(s) occurred. Identify allegations of fact not personally known to the complainant, but alleged on information and belief. Please use simple, concise, and direct statements.

ELECTION IN WHICH VIOLATION(S) OCCURRED

NAME OF ELECTION _____	DATE OF ELECTION MM/DD/YYYY _____
COUNTY OR POLITICAL SUBDIVISION _____	PRECINCT _____

ATTACH ADDITIONAL PAGES AS NEEDED

V. LISTING OF DOCUMENTS AND OTHER MATERIALS

List all documents and other materials filed with this complaint. Additionally, list all other documents and other materials that are relevant to this complaint and that are within your knowledge, including their location, if known.

I, _____, the undersigned,
PRINTED NAME OF COMPLAINANT
under penalty of perjury do swear or affirm that the information contained in this
complaint is true and correct to the best of my knowledge.

I have read and understand the accompanying instructions, and I am aware that
completion of this form cannot and will not alter the outcome of the election.

SIGNATURE OF COMPLAINANT

**NOTICE: THIS COMPLAINT IS NOT CONFIDENTIAL; ONCE REVIEWED BY
THE ELECTIONS OFFICE, IT WILL BE TREATED AS A PUBLIC RECORD.**

REMINDER: YOU MUST SIGN THIS FORM PRIOR TO SUBMITTING

IF MAILING, PLEASE SEND TO:

Caldwell County Election Office
Elections Administrator ONLY
1403 Blackjack Street Ste. A
Lockhart, Texas 78644

IF FAXING, PLEASE SEND TO:

512.398.1821

IF EMAILING, PLEASE SEND TO:

electionsadmin@co.caldwell.tx.us